FOR INSTRUCTIONS, SEE BACK OF FORM

Parties must be filed electronically.

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

lows Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, lows 50319

Fax: 515-281-4073

File with:

DISCLOSURE SUMMARY PAGE
Effective January 1, 2010, all statements and reports filed by new committees
for state office must be filed electronically and effective January 1, 2012, all

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State

2010 DCT 18 PH 3: 95

COMMITTEE NAME (Must be same as on Statement of Organization) Marc -tor FORM itizens Indeen IMPORTANT: Indicate by # type of committee you are reporting for: 5

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (6) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (10) School Board or Other Pack (10) School Board Other Pack (10) School B DR-2 DISCLOSURE (Rev. 12/2009) REPORT or Office Use Only Comm. # CANDIDATE COMMITTEES ONLY: Logged In Candidate Name Political Party (if applicable) Marc Scanned Republican Computer Office Sought District (if Senate or House) peruisor Late reports are subject to possible civil and criminal penalties. Pursuant to lowa Code sections 888.32A(7) and 88A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports. (319) 385-2702 SIGNATURE OF PERSON FILING REPORT TELEPHONE IAM FILING A ____CAM Daign REPORT FOR (1) ELECTION /(2) NON-ELECTION YEAR. (report date) Indicate by # / ☐CHECK IF AMENDMENT TO REPORT DATED Local Committees, enter Date of Election Nov. 2 2010 Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. County & Local Committees, enter County in (You must continue to file reports until a DR-3 is filed.) which Election is held CALL STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) ("also see in-kind below) Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule H applies to Candidates' Committees Only) SUB-TOTAL.... SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) ("also see debts and loans below).......... 900. OO Schedule F: Loan Repayments total (Attach Schedule F)..... CASH ON HAND at the end of this reporting period (if final report balance must be zero)\$ **UNPAID BILLS (From Schedule D - Attach Schedule D)..... *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)..... 8.08 **Outstanding Loans (From Schedule F - Attach Schedule F)......\$ CONSULTANT BREAKDOWN (Schedule G Attached?) YES. CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

SCHEDULE

For Instructions, See Back of Form

CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) Citizen for Marc Lindeen		CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN, A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
9/13/10	ib# ск# //38	Henry County Republican Wowen 1311 E. Haynes Ct. Mt. Pleasant Z		\$ 25.00	
	ck# Cash			100,00	
10/4/10	CK#850/	Allen Wittmer. 2416 Franklin Ave. Mt. Pleasant. Jour		100.00	
10/5/10		Henry County Republica Central Committee		500.00	
	CK# 3927	Mt. Pleasurt. Forme Marc Lindson 408 North Main Mt. Pleasant Journ	yes self	300.00	
77710	1D# CK#	Mf. Pleasant, Zowa	3411	3 2 0 10 0	
	ID#				
·**•	1D#				
	CK#				
-	CK#				
	CK#		SUB-TOTAL		L

TOTAL (If last page of this schedule)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

Reget Page	SCHEDULE			
CCOUNT	B (Rev. 07/03)	MONETARY EXPENDITURES		
GISLATIVE UMN AND THE TROM THE IOWA	CHECK THIS BOX IF AMENDING FORM			

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA

COMMITTEE NAME (Must be same as on Statement of Organization) Citizen tor Marc CANDIDATE NAME AND ADDRESS TO WHOM DATE PURPOSE ID NUMBER AMOUNT EXPENDITURE (DESCRIBE TRANSACTION) EXPENDED (if applicable) EXPENDED (Disbursement) WAS MADE (MM/DD/YR) AND PAC CHECK NUMBER ID# KILJ Radio 10/7/10 Radio ads 2411 Radio Drive CK# Mt. Pleasant, Lowe 0097 900.00 CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# SUB-TOTAL TOTAL (If last page of this schedule) 900,00

INK	ROY	ADDI	IEC TA	~***		COMMUTEER	
		700	EG IU	CARUND	A P & '	COMMITTEES	

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and data of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 58A.402(3)(i).)

Page	2	of_	1	
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FOR INSTRUCTIONS, SEE BACK OF FORM	
COMMITTEE NAME (Must be same as on Statement of Organization)	SCHEDULE IN KIND
Citizen for Marc Lindeen	(Rev. 06/97) CONTRIBUTIONS
THE KINGERY	
ERESE:	CHECK THIS BOX IF AMENDING FORM
P. MOSER	COSSUL.

DATE RECEIVED		RELATIONSHIP	DEGES		
(MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	TO CANDIDATE (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	
9/1/10	Marc Lindeen 408 North Main Mt. Pleasant Iowa	YES SELF	credit card payment for yard signs	\$	CONTRIBUTION
Disclosure law row			SUB-TOTAL TOTAL (If last page of this schedule)	\$ 258.08	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of _______(for Schedule E)